

## TOBACCO CONTROL?

In the February issue of the Journal, 3 former surgeons general emphasize the need for reducing tobacco addiction and disease.<sup>1</sup> Fiore et al.<sup>2</sup> make a case for the \$14 billion National Action Plan for Tobacco Cessation,<sup>3</sup> which consists of a national quit hotline, a media campaign, cessation benefits for federally funded health care programs, more research, and training for health care providers. This is to be paid for out of \$28 billion generated by a \$2-per-pack excise tax on tobacco.

Missing from all studies on the purported harmful effects of tobacco use on morbidity and mortality is an analysis of the confounding influence of exposure to adverse childhood experiences<sup>4</sup> and of the stress of the anti-tobacco program itself. This at-risk population has already been exposed to more than its share of dysfunctional authority figures and, in extreme cases, actual child abuse. Characteristic of this experience is subjection to excessive control, distorted guilt, marginalization, and copious punishment. Survivors of such challenging childhoods are all too often mistaken for easy targets for exploitive behavior.

The current cessation program relies heavily on the use of distorted blame, social ostracism, and punishment in the form of job discrimination and exorbitant taxes. These methods do work on the easy subjects with low nicotine tolerance scores and who are still at low risk for purported illness. Since the actual reduction in these illnesses is likely to be small, one would have to question the effectiveness of this dubious program. And what happens to those who fail this behavior control program?

The anti-tobacco program forces a choice between 2 paths, both with negative consequences. It simply produces conflict and imposes more stress on those at greatest risk. This unproductive stress increases illness. No study to date has evaluated the extent of this unintended effect of the anti-tobacco program. A thorough analysis of this effect needs to be completed, especially among stress-sensitive pregnant women<sup>5,6</sup> and those who are or have been exposed to high levels of trauma and stress in the military.<sup>7</sup> The projected 50% success rate of the program<sup>2</sup> will only cause increased social isolation in these at-risk populations. Much more effective cessation methods need to be offered, long before more money is spent on programs that appear to continue and institutionalize the dysfunctional relationships that many people who smoke were exposed to in their youth. ■

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